## Wisconsin Department of Regulation & Licensing

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## PHARMACY EXAMINING BOARD

## <u>VERIFICATION OF</u> PRACTICAL EXPERIENCE INTERNSHIP IN THE PRACTICE OF PHARMACY

THIS FORM MUST BE COMPLETED BY THE VERIFYING BOARD OR AGENCY IN THE STATE IN WHICH THE PRACTICAL EXPERIENCE WAS ACQUIRED AND RETURNED TO THE PHARMACY EXAMINING BOARD

## Wis. Admin. Code § Phar 17.02(7) Definition

(7) "Practical experience internship" means practical experience acquired in another state which is comparable to an internship as described in subs. (1), (3), (6) and (8).

Wis. Admin. Code § Phar 17.06 Practical experience internship. There is no restriction in the number of hours earned in a practical experience internship. In determining comparable practical experience the board shall consider the duties performed constituting the practice of pharmacy as described in s. 450.01(16), Stats.

This form may be copied and additional copies submitted if necessary

APPLICANT - PLEASE COMPLETE THIS SECTION:			
	Date of Graduation		
	//		
Nam	Name (First, Middle, Maiden, Last)		
Add	Address (Street, City, State, Zip)		
	ractical Experience verification- This verifies that the applicant has been grantedhours of approved		
expe	xperience or internship credit by this board or agency in this state in one or more of the following areas of pharmacy practice:  Interpreting prescription orders.		
2.	1 01 1	in drug	
	utilization reviews.		
<i>3</i> .	Proper and safe storage of drugs and devices and maintaining proper records of the drugs and devices.		
4.		c values,	
	potential hazards and uses.		
5.			
<i>6</i> .			
7. Making therapeutic alternate drug selections in accordance with written guidelines or procedures previous			
	pharmacy and therapeutics committee of a hospital and approved by the hospital's medical staff and by an individual p	onysician	
8.	for his or her patients for the period of each patient's stay within the hospital.  Drug regimen screening, including screening for therapeutic duplication, drug-to-drug interactions, incorrect dosage, incorrec	incorrect	
ο.	duration of treatment, drug allergy reactions and clinical abuse or misuse.	meomeet	
9.			
10.			
State	tate Board or Agency Date		
By:	y: (title)		

#2537 (10/02) Ch.450, Stats.